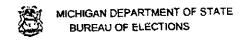


MICHIGAN DEPARTMENT OF STATE

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement or	overs From: 07/24/06 to 08	3/14/06
1. Committee I.D. Number	4. Candidate Last	Name First Name	M.I.
137733	Vezinau 4a. Office Sought In	Cindy cluding District # or Community Served (II	L. f applicable)
2. Committee Name		unty Commissioner- District	
Committee to Elect Cindy Vezinau	4b. County of Resid	-	
5. Committee's Mailing Address	6, Treasurer's Nam	e & Residential Address	
33816 Jefferson	Cindy L. Vezi		
St. Clair Shores, MI 48082	33816 Jeffen	son St. Clair Shores, MI 480	82
Area Code and Phone (586) 293-1300 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		s (586) 294-4992	- 100 SEP 10 SEP 10
7. Treasurer's Business Address	8, Designated Record	ord keeper's Name and Mailing Address (d keeper)	If the committee has a
33816 Jefferson	Mary K. Esle		
St. Clair Shores MI 48082		, Warren MI 48093	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
(586) 293-1300	Access Contracted Street	(586) 558-8315	The part of the pa
Area Code and Phone (586) 293-1300	Area Code and Ph	one <u>t</u>	
9. TYPE OF STATEMENT			
On. Pre-Election OR 80. Pros	-Election	Pe. Annual Statement (Covorage Vear)
Pre-Election or Post-Election Statement relates to:		9d. Amendment to Campaign Statem or 9e to indicate which Statement	ent (Complete Item 9a, 9b, 9c is being amended)
	neral	9e. Dissolution of Candidate Committee	99
Primary	igi di	Effective Date of Dissa	olution
Convention	ool		V. 40011
Special Cau	cus	Dy checking this item. NVo certify that the outstanding debts, including late filing fee	s committee has no assets or a. Further, IMM majorat.thatif
Date of Election, Convention or Caucus	·	the dissolution cannot be granted, that this the Reporting Waiver.	
08/08/06		Note: The disposition of residual funds me	ust be reported on Schedule
has been and former Decreative Weeken prove the sit of	rouined Compositor S	18 and the Summary Page.	est include all applicable
A committee that does not have a Reporting Walver must file all n Schedules. Direct contributions, in-kind contributions, loans, expe	nditures, and outstan	nding debts count against the \$1,000 Rep alion was shown on the committee's State	orting Waiver threshold. ment of Organization, an
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has chan amendment to the Statement of Organization should accompany before the filling deadline of a required campaign statement.	his Campaign States hat campaign state	ment. If a request for a Reporting Walve ment cannot be waived.	er is not réceived on or
10. Verification: NVVe certify that all reasonable diligence was used mytour knowledge and belief the contents are true, accurate and c	in the preparation of omplete.	f this statement and attached schedules (if	fany) and to the best of
Current Treasurer or Mary K. Esler	mar	ME ES Date	08/14/06
Designated Record keeper Type or Print Name	Signature	A Delte	
Candidate Cindy L. Vezinau		Date	08/14/06
Type or Print Name	Signature		



1, Committee I.D. Number 137733

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Cindy Vezinau

CANDIDATE COMMITTEE	Z. Constilled Name	
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
s. Contributions	400.00	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 190.00	-
b. Uniternized (tess than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	60.075.00
c. Subtotal of "Contributions"	(3c.) \$ \$190.00	(18.) \$ \$2,875.00
4, Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) s \$190.00	(20.) \$ \$2,875.00
N-KIND CONTRIBUTIONS & EXPENDITURES		
5. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) s \$1,362.61	(21.) \$ \$3,458.93
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$429.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	_
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	_
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$429.00	(23.) \$ \$1,958.50
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	_
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(100.) \$]
(Add Line 10a + Line 10b)	(11.) \$	(24.) \$ \$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) s \$951.36	_
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00	-
2	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$1,155.50	
(Enter zero if no previous reports have been filed.)	6400.00	
14. Amount received during reporting period	(14.)+ \$ \$190.00	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)		
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$ \$1,345.50	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)		

PHONE NO. : 810 293 1300

Sep. 16 2006 10:16AM P3

Clear Form



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number	
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CANDIDATE COMMITTEE	
---------------------	--

CANDIDATE COMMITTEE 2: Committee Teams		7 Completion to
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC). Report <u>all</u> contributions regardless of amount.	6, Amount	7. Cumulative for Election Cycle for Each Committee (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 07/31/06 Name & Address:		
Joyce Janicki 22493 Milner St. Clair Shores, MI 48081	_{\$} 50.00	,50.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/31/06 Name & Address		
Cadillac Travel Inc. 3000 Town Center, Ste. 22	<u>\$ 100.00</u>	<u>100.00</u>
Southfield, MI 4807.5 5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Employer		
Business Address		
Type: of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 08/03/06 Name & Address:		
Patrice Palermino 20936 Walton St. Clair Shores, MI 48081	<u>\$40.00</u>	<u>\$ 40.00</u>
6. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address		
	<u>.</u>	. \$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		·
Business Address Durd Points		·
Type of Contribution: Direct Loan from a person Pund Raiser	\$ 190.00)]
Page Subtotel Grand Total of All Schedules 1A (Complete on last page of Schedule)	WIIV	
	Page.	

FROM : CINDY



Page_____of__

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1, Committee I, D. Number 137733

	CANDIDATE COMM	TTEF 2, Committee Name Committee to		oc Ciriuy	V GZII IQU
name first, Check to	ss from whom received im an individual, enter last pox to indicate if contribution committee or an independent are commonly called PACs).	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased.	F	Amount or pir Market /alue	8, Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 Name & Address: Mel Joseph 22556 Gratiot tr over \$100.00 ct Occupation: Get Employer Name & Kern-Tec Land	PAC Receipt? Yes , Eastpointe MI 48021 mulative, please provide: neral Manager Business Address: I Surveyors Eastpointe MI 48021	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Yard Signs 5. Date Of Receipt: 08/02/06	N	11.25	s 441.25
Contribution # 2 Name & Address Cindy L. Vezin 33816 Jefferso St. Clair Shore	PAC Receipt? Yes AU On S, MI 48082 Cumulative, please provide:	4. Endorsament or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOA Description Refreshments for Walking Campaign 5. Date Of Receipt 07/31/06 6. Vendor Name & Address: Nautical Liquor 27300 Harper St. Clair Shores MI 48081		3.16	s 1894.48
Contribution #3 Name & Address: Cindy L. Vezin 33816 Jeffers St. Clair Shore if over \$100.00 c Occupation: Employer Name	PAC Receipt? Yes au on es, MI 48082 cumulative, please provide:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others Postage for Postcards 5. Date Of Receipt: 08/01/06 6. Vendor Name & Address: Postmaster Eastpointe MI 48021		6 k for Memo Item	s 2230.48
Fund Raiser	Contribution	Page Sub Grand Total of all Schedules	s 1-IK	\$760.41	
		(Complete on last page of Sche	:Gule)	Enter this total on line 6 of Summary Page	! N

Page ____ of __



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

1. Committee I. D. Number 137733

	1. Committee I. D. Number			. 1 / -	
SCHEDULE 1-IK	A O	Elec	t Cindy	y ve	zinau
CANDIDATE COMM			mount or	8.6	Sumulative
Name and Address from whom received if contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	Type of in-Ning Continuous (Continuous) Date of Receipt Name & Address of Vendor from whom goods or services were purchased	Fair Val	Market ue	Cy	Election de (Through e in Item 5)
Contribution # 1 PAC Receipt? Yes		14	4	<u>, 2</u>	374.48
Cindy L. Vezinau 33816 Jefferson St. Clair Shores, MI 48082 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: MLT Vacations Home Office: 33816 Jefferson St. Clair Shores, MI 48082	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description Postage 5. Date Of Receipt: 08/01/06 6. Vendor Name & Address: St. Clair Shores Post Master 48080	Click fo	or Merno Iten	nization	Туре
Fund Raiser Contribution Contribution \$2 PAC Receipt? Yes Name & Address	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated	96		s 2	470.48
Cindy L. Vezinau 33816 Jefferson	Goods or Services Purchased by Candidate or Others			·	
St. Clair Shores, MI 48082 If over \$100.00 cumulative, please provide: Occupation:	Goods or Services Purchased by Candidate or Others-LOA Description Postage 5. Date Of Receipt: 08/01/06	_			
Employer Name & Address: MLT Vacations Home Office: 33816 Jefferson St. Clair Shores, MI 48082	6. Vendor Name & Address: Postmaster St. Clair Shores 48080	Click	for Memo Ite	mizatio	n Type
Fund Raiser Contribution Contribution #3 PAC Receipt? Yes	es 4. Endorsement or Guarantee of Bank Loan	6.5		. 2	477.01
Name & Address: Cindy L. Vezinau 33816 Jefferson St. Clair Shores, MI 48082 If over \$100.00 cumulative, please provide:	Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others LOA Description Printing			δ	
Occupation: Employer Name & Address:	5. Date Of Receipt: 08/02/06 6. Vendor Name & Address: Kinkos Roseville 31980 Gratiot	Click	(for Memo i	temizati	on Type
Fund Raiser Contribution	Page Su	btotal	\$246.	53	
	Grand Total of all Schedule (Complete on last page of Sch	s 1-lK			
			Enter this on line 6 o Summary Page	A	